

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214501515				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: East Coast Waffles, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER 1111 EAST MAIN STREET RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: GA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: F1779521</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED					
COMMON	25,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 5986 FINANCIAL DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NORCROSS, GA 30071</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WALT EHMER TITLE: Board Member ADDRESS: 5986 FINANCIAL DR CITY/ST/ZIP/CO: NORCROSS, GA 30071 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WALT EHMER TITLE: Board Member ADDRESS: 5986 FINANCIAL DR CITY/ST/ZIP/CO: NORCROSS, GA 30071	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
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NAME: JONATHAN S WALLER TITLE: SECRETARY ADDRESS: 5986 FINANCIAL DR CITY/ST/ZIP/CO: NORCROSS, GA 30071	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR					

NAME:	CRAIG KNIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5986 FINANCIAL DRIVE		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	JOE ROGERS JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	DAVE RICKELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	JOE WRIGHTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	CARL BLACK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	TIM BROADWATER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	MINH CAO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	TIM CARLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	CHRIS FULLWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	STEVE WAVE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		
NAME:	BEN AUNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5986 FINANCIAL DR		
CITY/ST/ZIP/CO:	NORCROSS, GA 30071		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG ROLLINGS VICE PRESIDENT 5986 FINANCIAL DR NORCROSS, GA 30071	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIANNE HOVEY VICE PRESIDENT 5986 FINANCIAL DR NORCROSS, GA 30071	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MARIANNE HOVEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		MARIANNE HOVEY, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE		12/19/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					